

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In Re:
CHANDRAMAULI R. AMIN and LEENA C. AMIN

Case No.: 19-21714
Judge: JKS
Chapter: 13

CERTIFICATION IN SUPPORT OF DISCHARGE

I, LEENA C. AMIN, debtor in the above captioned case request the Court issue a discharge on my behalf. As such I hereby certify as follows:

1. All payments required to be made by me to the standing trustee under my plan have been made and are paid in full.
2. ☒ I am not required to pay domestic support obligations, or
☐ I am required to pay domestic support obligations, and have paid all amounts payable under court order or statute that were due on or before the date of this certification, or
☐ I am required to pay domestic support obligations, but have not paid all amounts due pursuant to court order or statute as of the date of this certification.
3. My current address is: 3 Fairmont Road, Parsippany, New Jersey 07054

_____.
4. The name and address of my current employer is (enter NONE if not currently employed):
Atlantic Health System. (AHS)
299 Madison Ave.
Morristown NJ 07960

I certify under penalty of perjury that the foregoing is true and correct.

Date: 07/15/2024


Debtor's Signature

NOTE: Each debtor in a joint case must file separate Certifications in Support of Discharge.